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SERIAL NUMBER 10/737,144	FILING OR 371(c) DATE 12/15/2003 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. DURE-050
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APPLICANTS

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** CONTINUING DATA *****

[Signature] This appln claims benefit of 60/433,116 12/13/2002 and claims benefit of 60/517,464 11/04/2003

** FOREIGN APPLICATIONS *****

[Signature] **NONE**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

03/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 79	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/>	Met after Allowance			
Verified and Acknowledged	<i>[Signature]</i>	<i>[Signature]</i>			
	Examiner's Signature	Initials			

ADDRESS

31498

TITLE

Oral drug delivery system

FILING FEE RECEIVED 2306	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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